

MEMBERSHIP APPLICATION

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Name(s)				
Primary Ac	ldress			
Town		State	Zip	
Phone () Email			
Seasonal A	ddress			
Town		State	Zip	
Phone () From month/day		to month/day	
Here i	is my gift to support the work	of Blue	Hill Heritage T	rust:
\Box Cash	□Check □Credit Card (enter	informatio	n below)	
□Reocc	urring weekly/monthly/quarterly (circl	e one)		
□ \$35	□ \$50 □ \$100 □ \$250 □ \$50	00 □ Ot	her \$	
Or Join	our Heritage Society by making a	an unrestr	icted gift of \$1,000 o	or more
	□ \$1,000 □ \$2,500 □ \$5,000	☐ Other	\$	
□ I/w	ve prefer to remain anonymous.			
☐ Plea	se charge my CREDIT CARD in the am	ount of \$ _		
	Visa □ Master Card □ Amer. Exp. □		Exp. Date/	_
Ca	ard Number		Code	_
If billing	address is different than above:			
Ca	ardholder Name			
Si	gnature (as it appears on card)			
_ _ _	CONTACT ME ABOUT: Bequests and other planned giving oppo Monthly Giving Program Land Conservation options Volunteering	ortunities		